

MISSOURI DEPARTMENT OF TRANSPORTATION TRAFFIC CONTROL DEVICES INSPECTION REPORT

Contract ID _____ Job No. _____ County _____ Route _____

Date of Inspection _____ Time _____

Weather

- | | |
|------------------------------------|---|
| <input type="checkbox"/> 1. Clear | <input type="checkbox"/> 5. Sleet |
| <input type="checkbox"/> 2. Cloudy | <input type="checkbox"/> 6. Freezing Rain |
| <input type="checkbox"/> 3. Rain | <input type="checkbox"/> 7. Fog or Mist |
| <input type="checkbox"/> 4. Snow | |

Road**Condition**

- | | |
|----------------------------------|---------------------------------|
| <input type="checkbox"/> 1. Dry | <input type="checkbox"/> 4. Ice |
| <input type="checkbox"/> 2. Wet | <input type="checkbox"/> 5. Mud |
| <input type="checkbox"/> 3. Snow | |

Are all traffic control devices placed properly according to the Traffic Control Plan or any approved revisions and in good condition? ☐ Yes ☐ No

Note Any Deficiencies: _____

Date & Time Corrections Made: _____ Inspector: _____

Date of Inspection _____ Time _____

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